2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001158

1. Entity Name

CARRABBA'S/OUTBACK, LIMITED PARTNERSHIP

FILED
00 JUN -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ATTN: J. SKUKALEK
405 N. REO ST., STE. 210
TAMPA FL 33609

Mailing Address
ATTN: J. SKUKALEK
405 N. REO ST., STE. 210
TAMPA FL 33609-1038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2202 N Westshore Blvd
Suite, Apt. #, etc.: 5th floor
City & State: Tampa FL
Zip: 33607 Country: USA

3. Mailing Address: 2202 N Westshore Blvd
Suite, Apt. #, etc.: 5th floor
City & State: Tampa, FL
Zip: 33607 Country: USA

4. FEI Number: 76-0396236 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J
550 NORTH REO STREET, SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: Kadow, Joseph J.
Street Address (P.O. Box Number is Not Acceptable): 2202 N Westshore Blvd
5th Floor
City: Tampa FL Zip Code: 33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE 4.13.00
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $150,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000003626	STREET ADDRESS	2202 N. West Shore Blvd., 5th Floor
NAME	CARRABBA'S ITALIAN GRILL,INC.	CITY-ST-ZIP	Tampa, Florida 33607
STREET ADDRESS	405 NORTH REO STREET, SUITE 210		
CITY-ST-ZIP	TAMPA FL 33609		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900003326149--7
NAME		CITY-ST-ZIP	-07/18/00--01033--013
STREET ADDRESS			****446.25 ****446.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900003326149--7
NAME		CITY-ST-ZIP	-07/18/00--01033--014
STREET ADDRESS			*****88.75 *****88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4.13.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #